L23000064060

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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2023 JUL 13 PM 5: 1

Office Use Only



COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Seabreeze (Construction AMI			
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Adrian Johnson	Name of Person		
	Scabreeze Construction A			
	Scatteeze Construction Al	Firm/Company		
	5372 Gulf Drive	Address		
	Holmes Beach, FL 34217			
	Homes Beach, 115 34217	City/State and Zip Code	-	
	adrian@ seabreezevacation E-mail address: (.com to be used for future annual report not	ification)	
For further information co	oncerning this matter, please ca	all:		
Bemis Smith	£ Daywa	at (941) 726-7262 Area Code Daytin	ne Telephone Number	
Name o	1 Person	Alea Code Daytii	ne retephone (vanue)	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration So		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 13 PH 5: 15

Seabreeze Construction AMI LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) (ALL ALLA SELECTION OF A PROPERTY OF A PROP

The Articles of Organization for this Limited Liability	Company were filed at 02/03/2023	, ,
Florida document number L23000064060	Company were fried on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter</u> :	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Adrian Johnson	5372 Gulf Drive	≘ Add
		Holmes Beach, FL 34217	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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HOLE.	ve date, if other than the date of filing:
recor d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	July 11
	te.
	Signature of a member or authorized representative of a member
	Adrian Johnson Typed or printed name of signee

E(I) E -----